Wisconsin Department of Regulation & Licensing Mail To: P.O. Box 8935 1400 E. Washington Avenue

Madison, WI 53708-8935

FAX #:

Applicant Name

Phone #:

(608) 267-3816 (608) 266-5511 Madison, WI 53703 E-Mail: web@drl.state.wi.us

Website: http://drl.wi.gov

Date

ACCOUNTING EXAMINING BOARD

VERIFICATION OF EMPLOYMENT AND EXPERIENCE EVALUATION

Signature

PART I: TO BE COMPLETED AND SIGNED BY CANDIDATE

PART II: TO BE COMPLETED BY PAST (OD DDESENT EMDI OVED			
TAKTH. TO BE COMPLETED BITAST	JR I RESERT ENILOTER			
TO PAST OR PRESENT EMPLOYER: Please complete the Verification of Employment and Experience Evaluation form. Return this form to the applicant. The information requested below is required for processing the application.				
APPLICANT NAME				
FIRM NAME				
EMPLOYMENT PERIOD: FROM	TO			
EMPLOYEE WORKED				
Check here for extended absence during employment peri if absent, indicate type (extended illness, military or mater leave); and indicate duration.				
Evaluator Name (Type or Print)	Evaluator's Signature			
Title	Date			
Type of Business	Telephone No.			
Firm Address (Street, Address, City, State, Zip)				

Wisconsin Department of Regulation & Licensing

EMPLOYER: THE EMPLOYER (NOT THE CANDIDATE) IS REQUIRED TO COMPLETE THE APPROPRIATE SECTION TO DESCRIBE THE CANDIDATE'S WORK EXPERIENCE. A SIGNED AND DATED POSITION DESCRIPTION MUST BE ATTACHED TO THIS FORM. THE POSITION TITLE INDICATED ON THIS FORM MUST AGREE WITH THE

TITLE ON THE POSITION DESCRIPTION.

SECTION A:	ACADEMIC POSITIONS
	PLEASE ATTACH A SIGNED AND DATED POSITION DESCRIPTION.

PLEASE ATTACH A SIGNED AND DATED POSITION DESCRIPTION.						
	RIENCE IN TEACHING. T intermediate, advanced and s					
(1) Are you a full-time accounting faculty member?			Yes	☐ No		
(2) How many cr	edit hours of teaching per ser	nester is considered full-	time?			
(3) Is research considered part of your academic contract?		□Yes	☐ No			
	-					
Course #	Course Title	Level	Credits per Course	Secs. per Semester	# of Semesters Taught	
SECTION B:	INDUSTRY, GOVER PLEASE ATTACH A SIG			RIPTION.		
Po	osition Title	From (Date)	To (Date))	% of Time (100% if Full)	
SECTION C:	PUBLIC ACCOUNT				AGENCIES	

			% of Time
Position Title	From (Date)	To (Date)	(100% if Full)